

MEDICAL RECORD -- SUPPLEMENTAL MEDICAL DATA

For use of this form, see AR 40-400; the proponent agency is the Office of the Surgeon General.

REPORT TITLE	INITIAL EVALUATION AND TREATMENT OF BLOODBORNE PATHOGEN EXPOSURE INCIDENT	OTSG APPROVED (Date) 26 February 1997
--------------	--	--

PATIENT EVALUATION

History: (Patient activity at time, circumstances and route of exposure)

Physical Evaluation: (Site of exposure, size of wound)

Immune to hepatitis B due to previous infection	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has completed hepatitis B vaccination (HBV) series	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has tested anti-HBs positive (titre > 10 MIU) in past 12 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Known nonresponder to HBV series	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previously tested for HIV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Previously tested for HCV	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Diagnosis of other bloodborne disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes," date and results: _____
If "Yes," date and results: _____
If "Yes," date and specify: _____

SOURCE EVALUATION

Source is: ☐ Known ☐ Unknown

Source Risk Assessment (Check one risk for each disease. Use MEDDAC Form 641 (Rev) to determine risk.)

(1) Hepatitis B: ☐ Known positive ☐ High risk ☐ Low risk ☐ Undetermined

(2) HIV: ☐ Known positive ☐ High risk ☐ Low risk ☐ Undetermined

(3) Hepatitis C:

(4) Other bloodborne disease: ☐ No ☐ Yes - Specify: _____

Use MEDDAC Form 641 to document tests ordered on Source.

TESTS ORDERED ON PATIENT

(Check all tests ordered.)

All patients require (**must check all**): ☐ AntiHBs ☐ Anti HIV * ☐ Anti HCV ☐ HIV PCR ☐ HCV PCR ☐ LFT

Additional tests if indicated: ☐ HBsAg ☐ RPR ☐ Other (specify): _____

* Consent must be obtained and documented on MEDDAC Form Letter 193 for HIV testing of civilian patients.

TREATMENT

(Check treatments ordered. See the protocol on the back of this form.)

Wound Care (specify): _____

Vaccines: ☐ Tetanus ☐ HBIG (0.06ml/kg) ☐ Basic regimen - Combivir ☐ Expanded regimen - Combivir (and Indinavir or Neifinavir).
☐ Prior to HIV prophylaxis telephone consult to WRAMC IDS

☐ Other (specify): _____

COUNSELING AND FOLLOW UP

(Check appropriate counseling interventions done.)

Non-contract patients (**must check both**):

☐ Was given a copy of MEDDAC Handout 317 (Bloodborne Pathogen Exposure Fact Sheet).

☐ Referral to Occupational Health Clinic. (Immediately or the next work day if after duty hours, during the weekend or holiday.)

Contract patients (**must check both**):

☐ Advised to contact his or her employer (i.e., the Contractor) for appropriate medical follow up.

☐ Referral to FGGM MTF Occupational Health Clinic. (Immediately or the next work day if after duty hours, during the weekend or holiday.)

(Continue on reverse)

PREPARED BY (Signature & Title)	DEPARTMENT/SERVICE/CLINIC	DATE
---------------------------------	---------------------------	------

PATIENT'S IDENTIFICATION (For typed or written entries give: Name--last, first, middle; grade; date; hospital or medical facility)

- | | |
|--|--|
| <input type="checkbox"/> HISTORY/PHYSICAL | <input type="checkbox"/> FLOW CHART |
| <input type="checkbox"/> OTHER EXAMINATION OR EVALUATION | <input type="checkbox"/> OTHER (Specify) |
| <input type="checkbox"/> DIAGNOSTIC STUDIES | |
| <input type="checkbox"/> TREATMENT | |

TESTING PROTOCOL FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENT

TEST TO BE ORDERED	SOURCE	PATIENT
Anti-HIV	All Sources	All patients
Anti-HCV	All Sources	All patients
Anti-HBs	None	All patients
HBsAg	All Sources	Based on risk assessment
RPR	All Sources	Based on risk assessment
LFTs	All Sources	All patients

TREATMENT PROTOCOL FOR BLOODBORNE PATHOGEN EXPOSURE INCIDENT (1)

SOURCE RISK ASSESSMENT RESULTS	PATIENT STATUS AT TIME OF BLOODBORNE PATHOGEN EXPOSURE INCIDENT	INITIAL TREATMENT REQUIRED	OCCUPATIONAL HEALTH CLINIC FOLLOW UP ACTION REQUIRED BASED ON TEST RESULTS
Hepatitis B Known Positive or High Risk	Completed HBV series and known Responder (2) or HepB immune from prior infection.	NONE	NONE for Patient. (3) If high risk Source (4) tests HBsAg positive, ensure Source is referred to PM physician or designated MD.
	Completed HBV series but never tested for Anti-HBs.	NONE	If Source tests HBsAg positive or tests HBsAg positive and Patient's Anti-HBs is inadequate, order one dose HBIG plus HBV booster. Ensure Source is referred to PM physician or designated MD. Recheck Patient's Anti-HBs status in six months. If Source tests HBsAg negative and Patient's Anti-HBs is inadequate, order HBV booster. Recheck Patient's Anti-HBs in one to two months.
	Completed HBV series but known HBV Non-responder. (5)	Give HBIG 0.06 ml/kg IM	If Source is known HBsAg positive or tests HBsAg positive and Patient has not completed a second 3-dose HBV series, initiate vaccine series. If Patient has completed a second HBV series, refer to WRAMC Allergy Clinic and order dose of HBIG one month after first dose. Ensure high risk Source whose HBsAg test is positive is referred to PM physician or designated MD.
	Unvaccinated or has not completed HBV series.	Give HBIG 0.06 ml/kg IM	Initiate or complete HBV series. Recheck Patient's Anti-HBs in six months. Ensure a high risk Source whose HBsAg test is positive is referred to PM physician or designated MD.
Hepatitis B Known Negative or Low Risk or Source Unknown	Completed HBV series and known Responder or HepB immune from prior infection.	NONE	NONE for Patient. If Source tests HBsAg positive, ensure Source is referred to PM physician or designated MD.
	Completed HBV series but never tested for Anti-HBs.	NONE	If Source tests HBsAg positive and Patient's Anti-HBs is inadequate, order one dose HBIG and HBV booster. Recheck Patient's Anti-HBs in six months. Ensure Source is referred to PM physician or designated MD. If Source tests HBsAg negative and if Patient's Anti-HBs is inadequate, order HBV booster. Recheck Anti-HBs titer in one to two months after last dose of vaccine.
	Completed HBV series but known Non-responder.	NONE	If Source tests HBsAg positive, treat as noted above. If Source tests HBsAg negative or unknown and Patient has not completed second 3-dose series, order completion of series and retest Anti-HBs in one to two months. If Patient has completed a second HBV series, refer to WRAMC Allergy Clinic.
	Unvaccinated or has not completed HBV series.	NONE	If Source tests HBsAg positive, treat as noted above. If Source tests HBsAg negative or unknown, initiate or complete HBV series. Recheck Patient's Anti-HBs in one to two months.
Hepatitis C Known Positive or High Risk	Anti-HCV known positive.	NONE	NONE for Patient. If high risk Source tests Anti-HCV positive, ensure Source is referred to PM physician or designated MD.
	Anti-HCV known positive or status unknown.	NONE	If Source is known Anti-HCV positive or tests Anti-HCV positive and Patient tests Anti-HCV negative, order Anti-HCV and ALT on Patient in four to six months. Refer Anti-HCV positive Source or Patient to PM physician or designated MD.
Hepatitis C Known Negative or Low Risk or Source Unknown	Anti-HCV known positive.	NONE	NONE for Patient. If Source tests Anti-HCV positive, ensure Source is referred to PM physician or designated MD.
	Anti-HCV known negative or status unknown.	NONE	If Source tests Anti-HCV positive and Patient tests Anti-HCV negative, order Anti-HCV and ALT on Patient in four to six months. Refer Anti-HCV positive Source or Patient to PM physician or designated MD.
HIV Known Positive or High Risk	Anti-HIV known positive.	NONE	NONE for Patient. If high risk Source tests Anti-HIV positive, contact PM physician or designated MD ASAP.
	Anti-HIV known negative or status unknown.	Immediate WRAMC ID consult. Call 202-782-1663/6740. Discuss prophylaxis and precautions.	If Source is known Anti-HIV positive or tests Anti-HIV positive and Patient tests Anti-HIV negative, repeat Anti-HIV at six weeks, three months and six months. Counsel Patient to use precautions to prevent secondary transmission during follow up period. If Source or Patient tests Anti-HIV positive, refer to PM physician or designated MD ASAP.
HIV Known Negative or Low Risk or Source Unknown	Anti-HIV known positive.	NONE	NONE for Patient. If Source tests Anti-HIV positive, contact PM physician or designated MD ASAP.
	Anti-HIV known negative or status unknown.	NONE	If Source tests Anti-HIV positive and Patient tests Anti-HIV negative, consult immediately with WRAMC ID regarding Patient. Follow up Patient as noted above. If Source or Patient tests Anti-HIV positive, refer to PM physician or designated MD ASAP.

Notes:

- Reference: Updated Public Health Service Guidelines for the Management of Occupational Health Exposures to HBV, HCV, and HIV and Recommendations for Post-exposure Prophylaxis, Centers for Disease Control, MMWR 2001/50 (RR11).
- Responder is a person with adequate levels of serum antibody to HBsAg (i.e., Anti-HBs \geq 10 mIU/mL.)
- Patient is any individual who is the recipient of a specific eye, mouth, other mucous membrane, non-intact skin or parenteral contact with blood or other potentially infectious materials.
- Source is any individual, living or dead, whose blood or other potentially infectious material may be a source of exposure.
- Non-responder is a person with inadequate response to vaccination (i.e., serum Anti-HBs < 10 mIU/mL.)